

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033535

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1
FILED SEP 24 1962

Primary Registration District No. 3000 Registrar's No. 293

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirkville		c. CITY OR TOWN Kirkville	
Length of stay in 1b years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Kirkville Osteopathic		d. STREET ADDRESS (If outside, give location) 607 So. Osteopathy	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHARLES Middle EDWARD Last MORRIS		4. DATE OF DEATH Month September Day 18 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/6/39
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mining		10b. KIND OF BUSINESS OR INDUSTRY coal	9. AGE (last birthday) 23
11. BIRTHPLACE (City and state or country) Boone County, Mo.		12. CITIZEN OF WHAT COUNTRY U S	
13a. FATHER'S NAME Seth Morris		13b. MOTHER'S MAIDEN NAME Beulah Boley	
14. NAME OF HUSBAND OR WIFE Jolene Garlock Morris		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 2		17. INFORMANT Address Jolene G. Morris, Kirkville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO (b) Pulmonary stasis DUE TO (c) Cerebral Concussion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile accident		20c. TIME OF INJURY Hour 7:30 Month, Day, Year Approx. 2 Sept. 8, 1962	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rural Road	
20f. CITY, TOWN, OR LOCATION 6 miles North of Kirkville, Adair, Mo.		20g. COUNTY Adair	
20h. STATE Mo.		21. I attended the deceased from Sept. 8, 1962 to Sept. 18, 1962 and last saw him alive on September 18, 1962 Death occurred at 9:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Ross B Thompson (Degree or title)		22b. ADDRESS 800 West Jefferson Kirkville, Missouri	
22c. DATE SIGNED 9-19-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 9/20/62		23c. NAME OF CEMETERY OR CREMATOR Llewellyn Cemetery	
23d. LOCATION (City, town, or county) Kirkville, Adair, Mo.		24. FUNERAL DIRECTOR Foster Memorial Home, Kirkville, Mo.	
25. DATE RECD. BY LOCAL REG. 9-20-62		26. REGISTRAR'S SIGNATURE Doris W. Rath	

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit received Sept 30. 1963

Ross B. Thompson, D.O.

MAR 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Nova E. Laster

Licensed Embalmer No.

4742

P. O. Address

Fukunaga, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

[Handwritten mark]